

SERIAL NUMBER 09/232,289	FILING DATE 01/15/99	CLASS 380	GROUP ART UNIT 2766	ATTORNEY DOCKET 34650-250USP
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APPLICANT

PER BJORNDALH, LIDINGO, SWEDEN.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A CIP OF 09/022,289 02/11/98

YES

N

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

N/A

N

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

N/A

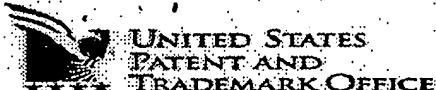
BEST AVAILABLE COPY

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY SEX	SHEETS DRAWING 3	TOTAL CLAIMS 35
Verified and Acknowledged Examiner's Initials	Initials			

ADDRESS  
RAYMOND VAN DYKE  
JENKENS & GILCHRIST  
3200 FOUNTAIN PLACE  
1445 ROSS AVENUE  
DALLAS TX 75202-2799

TITLE  
SYSTEM, METHOD AND APPARATUS FOR SECURE TRANSMISSIONS OF CONFIDENTIAL INFORMATION

FILING FEE RECEIVED 030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filin. <input type="checkbox"/> 1.17 Fees (Pr. <input type="checkbox"/> 1.18 Fees (I. <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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Commissioner for Patents  
Washington, DC 20231  
www.uspto.gov



CONFIRMATION NO. 1988

Bib Data Sheet

SERIAL NUMBER 09/232,289	FILING DATE 01/15/1999 RULE	CLASS 455	GROUP ART UNIT 2685	ATTORNEY DOCKET NO. 34650-250USP1
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## APPLICANTS

PER BJORNDAHL, LIDINGO, SWEDEN;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/022,289 02/11/1998 PAT 6,396,612

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/01/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWEDEN	SHEETS DRAWING 3	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

## ADDRESS

23932

## TITLE

SYSTEM, METHOD AND APPARATUS FOR SECURE TRANSMISSION OF CONFIDENTIAL INFORMATION

FILING FEE RECEIVED 1066	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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